

YAS (Youth After School) Addendum Form



Program Year: _____

Child: _____

Parent/Guardian: _____

Program Location: _____

Enrollment Date: _____ Start Date: _____ End Date: _____

RELEASES (Please Initial)

EMERGENCY MEDICAL RELEASE

____ In the event of injury or serious illness, I give permission for **LCPRCS** staff to obtain medical treatment for my child; I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

____ In the event of injury or serious illness, I do not give permission for **LCPRCS** staff to obtain medical treatment for my child. Instead, I instruct **LCPRCS** staff to _____.

PHOTOGRAPHIC RELEASE

By signing below, I give permission to **LCPRCS** to use photographs and videos of my child for publicity in order to increase community awareness of **LCPRCS** programs and in any and all publications and other media without limitation.

FIELD TRIPS

By signing below, I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations, times, and pick-up locations of trips.

LIABILITY RELEASE

By signing below I absolve the County of Loudoun of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that **LCPRCS** can only be responsible for my child during days and times that he/she has been checked in and that **LCPRCS** will not be responsible for my child when he/she is traveling to and from any **LCPRCS** activity via transportation not provided by Loudoun County.

REGISTRATION AGREEMENT (Please sign below)

1. There is no Youth After School (YAS) program when school is closed or closes early.
2. The YAS program is staffed at a maximum ratio of 1:20.
3. I understand that field trips may be part of program activities and I will be notified in advance of dates, destinations, times, and pick-up locations. Students are not required to participate in field trips and may attend the program on site as usual during program hours.
4. Movies may be included but are limited to both G and PG rated movies.
5. You must notify the program within 24 hours if anyone in the household has a Communicable Disease. Prior to returning to the program, parents must provide a physician's certification that the condition is no longer contagious.
6. I am aware that YAS's *Shelter In Place* and *Emergency Preparedness Plan* are available at each site.
7. Zero Tolerance Policy: **LCPRCS** does not permit the use of tobacco products, alcohol, drugs, or fireworks. Use of such products or evidence of use will result in immediate dismissal from the program and no refund of program fees. Parents will be expected to provide immediate transportation from the program in the event of dismissal.
8. The use or threat of use of weapons is prohibited. Theft, shoplifting, any violent behavior, or destruction of property will result in immediate dismissal from the program and no refund of program fees. Parents will be expected to provide immediate transportation from the program in the event of dismissal.
9. Activity fees are collected prior to the start of the activity and are **NON-REFUNDABLE**. Two weeks written notification, prior to the session beginning, is requested when withdrawing from an activity.
10. YAS activity fee of \$20/year per child is due at time of registration and/or before the student's first day in attendance.
11. If a child is absent from the program for two consecutive weeks without notifying the program staff, the child will be automatically dropped from the program. Children who are withdrawn or dropped from the program may re-register by paying the \$20 registration fee. If there is a waitlist for the program the child will be placed at the bottom of the waitlist and parents notified when space becomes available.
12. Children must be picked up by closing time. Parents will be assessed a late pick-up fee of \$15/per child beginning every 15 minute interval. Late pick-up fees are due by the 1st of the following month.
13. Outstanding balances will restrict registration/attendance at **LCPRCS** activities.
14. I understand that a Parent Handbook will be issued and I will abide by its contents. Any child may be removed from the program if the rules, regulations and guidelines listed in the Parent Handbook are not adhered to, either by the child or parent/guardian.

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep the above information current.

Signature of Parent or Guardian _____ Date _____

Proof of Age and Residency _____ 7/06 Reviewed by _____